



1690 North Blvd
Baton Rouge, LA 70802
Telephone (225) 763-8700; Option 7
Fax: (225) 342-8891

TRANSFER REQUEST FORM

Last Name _____ First Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Phone Number _____ Parish _____

Reason for Request:

*** Must attach supporting documentation**

- ☐ Relocation directed by the SA;
- ☐ Owner caused failed HQS, provided the tenant is in compliance with program
- ☐ Family need for an accessible unit to accommodate a member's disability or
Other medical condition
- ☐ Verified catastrophic disaster, e.g., floods;
- ☐ Change in family's voucher size;
- ☐ Other; _____

By signing this form I understand that if my transfer request is approved, I will have to supply updated income, asset and household composition status. Any changes in my rental portion are effective the date I am transferred into my new unit. In the event a unit is not currently available, you will be placed in a transfer waiting list, for the next available unit.

Signature

Date

Office Use Only

Date Received _____

Request: Approved _____

Denied _____

LLA Notified _____

Status: Referred _____

Transfer Waitlist _____

Tenant Notified _____

Notes _____

Signature

Date